Yap Cheng Hai Academy
葉清海學院

Zi Wei Dou Shu

Details for Consultation

CLIENT # _____

Name:

Tel (Work):

Tel (Home):

Tel (Mobile):

Email:

Town of Birth:

Country of Birth:

Town of Current Residence:

Country of Current Residence:

Gender	Marital Status	In Business or Employed	Report Language
M ☐ F ☐	M ☐ S ☐	B ☐ E ☐	Eng ☐ Chi ☐

Date of Birth (English Gregorian Calendar)

Year			Month		Day	
	0 ☐	0 ☐	1 ☐	7 ☐	0 ☐	0 ☐
19 ☐	1 ☐	1 ☐	2 ☐	8 ☐	1 ☐	1 ☐
20 ☐	2 ☐	2 ☐	3 ☐	9 ☐	2 ☐	2 ☐
	3 ☐	3 ☐	4 ☐	10 ☐	3 ☐	3 ☐
	4 ☐	4 ☐	5 ☐	11 ☐		4 ☐
	5 ☐	5 ☐	6 ☐	12 ☐		5 ☐
	6 ☐	6 ☐				6 ☐
	7 ☐	7 ☐				7 ☐
	8 ☐	8 ☐				8 ☐
	9 ☐	9 ☐				9 ☐

Time of Birth

Hour (24 hour)		Minute	
0 ☐	0 ☐	0 ☐	0 ☐
1 ☐	1 ☐	1 ☐	1 ☐
2 ☐	2 ☐	2 ☐	2 ☐
	3 ☐	3 ☐	3 ☐
	4 ☐	4 ☐	4 ☐
	5 ☐	5 ☐	5 ☐
	6 ☐		6 ☐
	7 ☐		7 ☐
	8 ☐		8 ☐
	9 ☐		9 ☐

3 Specific Questions

1)

2)

3)